

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686

Expiration Date: 10/31/2015

		Fundir	ng Year	2014	Target Fleet	School	Bus	Reba	ate Type	Replace	ement			
Applicant Information		,												
Organization Name YAI	EGER B	US SE	RVICE	E INC										
Address 56455 DOC J		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
<u></u>	ONLO			- L (D - : - L	DULIE EADTU] 01-1-[N / N I	710	50001				
City MANKATO			Col	County/Parish BLUE EARTH			State	MN	//N ZIP 56001					
Employer/Taxpayer No. (EIN/TI													
Eligible Entity Informati Private fleet owners are able to a are currently contracted or leased transportation or air quality. For	apply for fun d to an eligi	ding from ble entity.	the Natio	onal Clean Dies ble entity is a fe	el Rebate Program if deral, regional, state,	local, or t	tribal agend	y or port a	authority wi	th jurisdiction	requested, over			
Eligible Entity Type	····				Entity Name				Eligible Entity Location (County, State)					
State Govt/Agency		ISD 77					MANKATO, MN							
private fleets as d					rebate funds are				tine req	unements	101			
Vehicle Identification Number	Engine Model Year	Gross Vehicle Weight	Vehicle Class	Engine Manufacture	Engine Family r Name	Annual Miles	Annual Fuel Use	Annual Idling Hours		ation of eration State	Rebate Amount*			
1 1T88S4B19T1139356 2 3	1995	30,000	Class 7	CUMMINS	B 5.9 L	4,500	1,000	50	BLUE EA	ART MN	\$20,000			
4														
5														
Vos. Doos your school	Door your school transportation provider have as idle toduction as line?						- V	Total Funds Requested \$20,000						
Yes Does your school transportation provider have an idle reduction policy? I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide. I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.								*Please see the Program Guide for eligible rebate amounts						
Applicant Signature														
By signing, I certify the knowledge. If select	ted for fu	nding, I	agree t	to provide th	e required docur	mentatio	on and a	ssuranc	es neces	ssary for fu	unding.			
Funding for the National C Guide for additional funding	Diean Die ng inform	sel Reb ation.	ate Pro	gram is sub	ject to continuing	g federa	al approp	riations	Please	see the P	rogram			
PA Form 5600-260 (9-14)														